

JESSAMINE COUNTY SCHOOLS
Release/Inspection of Student Records/Medicaid Consent
TO THIRD PARTY

Jessamine Co. Schools are hereby authorized to:

- ☐ Release or copy
- ☐ Permit the inspection of

the records listed below for _____, who was born on

Student's Name

_____. The individual or agency to whom this information is to be released is
_____ Medicaid, if applicable _____.

I understand that the records affected are checked below, along with the reason(s) for the requested release or authorization to inspect.

RECORDS	PURPOSE
<input type="checkbox"/> All cumulative records	Medicaid, if applicable
<input type="checkbox"/> Attendance record only	
<input type="checkbox"/> Grade records only	
<input type="checkbox"/> Standardized test data only	
<input type="checkbox"/> Special education records only	
<input type="checkbox"/> Other: _____	

This release is effective only for the specified records or types of records on hand as of the date you sign below UNLESS you specifically authorize further release of the specified records or types of records as follows. (Check, initial and date.)

- ☐ I authorize **on-going release** of the specified records or types of records to the entity/individual specified until student reaches age of 18 unless earlier revoked in writing. (Initials _____)
- ☐ I authorize release of the specified records or types of records until the end of the present school year (June 30th) unless earlier revoked in writing. (Initials _____)
- ☐ I have received my Annual Notification of Parent Rights regarding Medicaid billing, and I understand and agree that the District may access my child's or my public benefits or insurance to pay for services under the Individuals with Disabilities Education Act. (This also authorizes release of education records as specified above.)

My child's Medicaid/KCHIP/Passport Number is: _____

Signature of Parent/Guardian

Date

*Signature of Parent/Guardian or Individual Acting as Parent under FERPA**

Date

Signature of Student, 18 or Older or Attending Post-secondary Institution

Date

*Living in the student's home in the absence of the parent on a day-to-day basis

Student Name:
DOB: 03/08/2007

KY IEP, Page 1
Date of ARC: 02/07/2013

Individual Education Program (IEP)

Jessamine County
871 Wilmore Rd
Nicholasville, KY 40356
(859)885-4179x3007

Plan Information			
Meeting Date: 02/07/2013	Start Date: 02/07/2013	End Date: 02/06/2014	
Special Ed Status: Active		Special Ed Setting: (age 6-21) >80% of day in general ed programs	
Primary Disability: Other Health Impaired			

Student Information			
Student Name: [REDACTED]	DOB: 03/08/2007	Student Number: [REDACTED]	
Address: [REDACTED]	District of Residence: [REDACTED]		
School of Attendance: JESSAMINE EARLY LEARNING VILLAGE	Grade: 00	Gender: F	Race (Ethnicity Code): White

Present Level of Academic Achievement and Functional Performance
<p>Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum:</p> <p>(For preschool children include the effect on participation in appropriate activities; Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)</p> <p>Communication Status</p> <p><input checked="" type="checkbox"/> Performance commensurate with similar age peers</p> <p>Academic Performance</p> <p><input checked="" type="checkbox"/> Performance commensurate with similar age peers</p> <p>On the Measures of Academic Progress (MAP) Reading test, [REDACTED] obtained a RIT score of 142, which corresponds to a percentile range of 20th %ile. This means that her Reading score is equal to or greater than 20% of other students in the same grade level. On the MAP Math test, [REDACTED] obtained a score of 142, which corresponds to the 24th percentile rank. [REDACTED] performing below the norm level mean RIT score at this time. She made good growth in math from a score of 117 in the fall to 142 at mid-year.</p> <p>Health, Vision, Hearing, Motor Abilities</p> <p><input type="checkbox"/> Not an area of concern at this time</p> <p>[REDACTED] was born with Pseudo Belly Prune Syndrome, imperforated anus, and cloacal variant (no vaginal opening). [REDACTED] also has related conditions including short gut, neurogenic bladder and kidney disease. [REDACTED] continues to have the vesicostomy on the left side of the body which drains urine continuously.</p> <p>[REDACTED] is writing approximately 53% of uppercase letters independently. After about 10 letters, she often returns to the letter A, and reads each letter to determine which letter she needs to write next. Numbers with curves seem to be more difficult for her. She can write numbers up to 11 on her own, but #s 3, 6, & 9 are not usually readable. She also reverses some numbers at this time. She is independently writing numbers with an average of 63% success. [REDACTED] is functional in her cutting skills at this time! When she has difficulty with scissors, it seems that is more the result of her attention span & focus, not fine motor skills. In a less distracting environment, [REDACTED] is meeting her cutting objective with an average of 71% success at this time.</p> <p>An occupational therapy evaluation yielded the following results: scores on the BOT-2 indicate that [REDACTED] fine motor skills are delayed (Fine Manual Control SS 29, PR 2; Manual Coordination SS 22, PR <1). She has more difficulty with fine motor tasks requiring dexterity than precision. DTVP-2 results indicate that [REDACTED] has more difficulty with visual perceptual tasks than those including motor skills. [REDACTED] has established hand dominance and good usage of helper hand for stabilization. Great form constancy (the ability to recognize shapes and figures when presented in a variety of ways).</p> <p>[REDACTED] decreased fine motor skills, visual motor/perceptual skills and health concerns will impact her ability to independently and accurately complete tasks such as writing and self-care within the school setting.</p>

Student Name:
DOB: 03/08/2007

KY IEP, Page 4
Date of ARC: 02/07/2013

Measurable Annual Goals and Benchmarks	
Specially Designed Instruction: <ul style="list-style-type: none">• Preferential seating as needed, including facing the instruction area to assist in attending to instruction.• Limit visual clutter (Reduce the amount of text being viewed)• Remove unnecessary items from the work area• Adapted writing materials (writing utensils, adapted paper, slanted surfaces)• Extended time to complete tasks accurately• Fine motor strengthening games and activities (tweezer activities, squeeze toys, etc)• Weight bearing and balance activities (wheelbarrow/animal walks, working on stomach while propped on elbows)• Visual Perceptual skills ("I spy" activities, mazes, puzzles, geoboards)• Social Coaching to encourage appropriate responses to interactions and accurate answers to questions being asked• Trunk strengthening exercises• Repeated practice• Multi-sensory handwriting curriculum (ex. Handwriting Without Tears)• Set timers, use visual supports, and encompass close ended tasks to increase independence in work time.• To promote social interaction, partner Emilee with positive peer models and praise for attempts to interact.	
Benchmarks/Short-Term Instructional Objectives	
1. During all instructional activities, when given direction from the teacher,	Will produce accurate work with no more than two prompts for 80% of randomly observed opportunities over two consecutive weeks. (sample activities: requesting materials, requesting repetition of instructions, answering questions accurately)
2. During all instructional activities, when given direction from the teacher,	Will sustain attention and effort to complete the task/activity across the school setting for 80% of randomly observed opportunities for 2 consecutive weeks.
3. Throughout the school day,	Will independently manage self care needs (catheter, dressing, person hygiene, etc.) for 80% of randomly observed opportunities for 2 consecutive weeks.
4. During all instructional writing activities,	Will independently write 26/26 letters and numbers 0-20 with correct sizing & formation for 80% of randomly observed opportunities over two consecutive weeks.
Reporting Progress	
<input checked="" type="checkbox"/> Concurrent with the issuance of Report Cards	
<input type="checkbox"/> Other, specify	
Supplementary Aids and Services	
Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child. Adapted writing materials See SDI	
Accommodations for Administration of State Assessments and Assessments in the Classroom	
<input type="checkbox"/> ARC determined no accommodations needed.	
In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the <i>Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070</i> document.	
NOTE: The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test <u>shall not</u> be utilized in administration of such tests to the student.	
<input type="checkbox"/> Readers	<input type="checkbox"/> Scribes
<input type="checkbox"/> Paraphrasing	
<input checked="" type="checkbox"/> Reinforcement and behavior modification strategies	
<input checked="" type="checkbox"/> Prompting/cueing	<input type="checkbox"/> Use of Technology
<input type="checkbox"/> Manipulatives	<input type="checkbox"/> Braille
<input type="checkbox"/> Interpreters	<input checked="" type="checkbox"/> Extended time
<input checked="" type="checkbox"/> Other, specify	

Student ID
DOB: 03/22/1996

KY IEP, Page 1
Date of ARC: 05/08/2013

Individual Education Program (IEP)

Jessamine County
871 Wilmore Rd
Nicholasville, KY 40356
(859)885-4179x3007

Plan Information			
Meeting Date: 05/08/2013	Start Date: 05/08/2013	End Date: 05/07/2014	
Special Ed Status: Active		Special Ed Setting: (age 6-21) <40% of the day general ed programs	
Primary Disability: Orthopedically Impaired			

Student Information			
Student Name:	DOB: 03/22/1996	Student Number:	
Address:	District of Residence:		
School of Attendance: WEST JESSAMINE HIGH SCHOOL	Grade: 11	Gender: M	Race (Ethnicity Code): White

Present Level of Academic Achievement and Functional Performance	
Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum: (For preschool children include the effect on participation in appropriate activities; Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)	
Communication Status <input checked="" type="checkbox"/> Performance commensurate with similar age peers	
Academic Performance <input type="checkbox"/> Performance commensurate with similar age peers All of _____'s formic testing results fall into the extremely low level. He shows relative strength in the area of reading with a score of 63 and weakness in math with an overall score of 39. _____s made some progress on his IEP goals in the area of reading. In English class he was able to reach his goal 3 of 4 times. In science, however, he was unable to reach his goal and only scored 70% and above 2 of 8 times. As in the past, much of the data is sporadic and incomplete due to absences related to health issues and other absences. Based on teacher interviews, his absences seem to greatly influence his achievement. In the area of writing _____ is better with a scribe. This is mostly because of physical limitations due to his cerebral palsy. In regards to his writing goals, Dakota was unable to meet any of them, scoring below a 50% 7 times in a row. Also, goals were not met in math. His overall scores remained at or below 70% accuracy. One of the goals in geometry had to be dropped since Dakota was unable to visually distinguish between shapes and sides of objects. Even with assistance he scored below 25%. he struggle to even read calculators. Deficits in this area will affect _____ ability to meet the academic guidelines outlined in the core content curriculum.	
Health, Vision, Hearing, Motor Abilities <input type="checkbox"/> Not an area of concern at this time Records review indicates _____ has been diagnosed with Cerebral Palsy which impacts the right side of his body. He has also been diagnosed with Attention Deficit Hyperactivity Disorder. In addition he wears prescription glasses to help correct for vision problems. _____ shows deficits in fine and gross motor skills and has been receiving occupational therapy services as a result. Lastly, _____ as also been diagnosed with diabetes and has difficulty keeping his blood sugar at a safe level. He often must leave during the day due when he requires injections which are not done at school. Based on all of his medical concerns, _____ has started a shortened day in order to relieve the stress in his back. OT re-evaluation results indicate that _____ is able to navigate the school setting, including the stairs independently; however, he does need to use caution on stairs due to the atypical pattern he uses when walking and his decreased balance. His fine motor skills are functional with his left hand to manipulate basic classroom materials and tools. He does have some active movement in his right arm and hand. He can actively move his shoulder to just above shoulder level, actively bend his elbow to touch his hand to his chest, partially straighten his elbow, and he can partially open and close his fingers. He does use his right hand as an active assist to help hold items. However, he has difficulty with materials and tools that require more active use of both hands. His handwriting has improved over	

Student Name: **
DOB: 03/22/1996

KY IEP, Page 6
Date of ARC: 05/08/2013

Supplementary Aids and Services

Statement of Supplementary Aids and Services, to be provided to the child or on behalf of the child.

- The following list are devices that are available to him through occupational and regular educational services:
- He needs to be verbally reminded to position himself centered in his seat.
 - He continues to need prompts to position his materials on his desk so that he can work efficiently.
 - He should be encouraged to use technology for completing written work.
 - He will need access to a scribe for assignments that require extensive writing and for testing situations that require extensive writing.
 - He may benefit from the use of non-slip materials used to place classroom materials on as he uses (such as his calculator)
 - He would benefit from preferential seating in the front portion of the classroom facing the instruction area to help his visual attending skills.
 - He may benefit from access to an elevator key and encouragement to use the elevator especially for the afternoon when fatigue may impact his skills.
 - He needs to have a safety plan in place that provides him assistance to evacuate the building during emergency drills and/or situations, especially if he is on the second floor.

Accommodations for Administration of State Assessments and Assessments in the Classroom

☐ ARC determined no accommodations needed.

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

NOTE: The Kentucky Administrative Regulations regarding accommodations on state testing dictate whether a student may use a particular accommodation during the administration of state tests. Any IEP test accommodation that the regulations determine will invalidate a particular test or type of test shall not be utilized in administration of such tests to the student.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Readers | <input checked="" type="checkbox"/> Scribes |
| <input checked="" type="checkbox"/> Paraphrasing | |
| <input type="checkbox"/> Reinforcement and behavior modification strategies | |
| <input checked="" type="checkbox"/> Prompting/cueing | <input checked="" type="checkbox"/> Use of Technology |
| <input type="checkbox"/> Manipulatives | <input type="checkbox"/> Braille |
| <input type="checkbox"/> Interpreters | <input checked="" type="checkbox"/> Extended time |
| <input checked="" type="checkbox"/> Other, specify | |

small class instruction, use of special technology as deemed necessary throughout the year, equipment for testing and/or class work such as calculators or keyboards. Scribing may be used not only for daily work, test and quizzes and but also because of his unique motor needs, he request assistance for "fill in the bubble" type testing so his answers are counted correctly. He will need copies of notes due to muscle fatigue and fine motor control issues.

To avoid falls and injuries, he may leave class early or late when hall ways and stairs are clear. Due to being jostled in the hallway, he may leave class 2-3 minutes prior to the bell ringing.

☐ Student has been determined eligible for participation in the Alternate Assessment Program. Complete the Participation Guidelines for the KY Alternate Assessment form if selecting this checkbox. If determined eligible for the Alternate Assessment the ARC must also determine if the student is Dimension A or Dimension B.

- ☐ Dimension A
☐ Dimension B

Program Modifications/Supports for school personnel that will be provided

Supports for school personnel:

☒ Not needed at this time

Least Restrictive Environment (LRE) and General Education

Explain the extent, if any, to which the student will not participate in general education (content area):

Resource Setting: English, Math, Social Studies

Present Level of Academic Achievement and Functional Performance

the past three years. He can produce written work that is legible, however, he does still have difficulty placing letters on the line, sizing letters, and spacing adequately. He is independent with basic self-help skills necessary for participation in a school setting. He is somewhat inflexible with his thinking and difficult to reason with at times. His desire to "not be different from peers" often results in him making choices to not use strategies, adaptations and modifications that would allow him to perform a task with increased speed and efficiency. He presents with low trunk tone and increased tone in his right arm and leg. He tends to shift his weight more to the left which contributes to poor posture when seated. He is not able to fully raise his right arm at his shoulder. He can not fully straighten his elbow. His right wrist is typically held in a bent position at approximately 90 degrees and he is not able to actively move his wrist. He does require assistance for some daily tasks including: tying his shoes; zipping his jacket; cutting his meat; etc. Medical conditions and his limited mobility do impact his ability to participate in educational program as his same age peers.

Social and Emotional Status

- ☐ Performance commensurate with similar age peers

Records review shows overall adaptive skills to fall in the borderline range. Behavior is immature as compared to his same age peers. Comments are often inappropriate. He often complains of others harassing him and making fun of his disability and as a result has difficulty getting along with peers at school. It is noted from teacher observations, that he has himself been accused of making inappropriate comments to others that are also offensive.

His ineffective interactions skills affect his ability to engage in collaborative discussion, safely carry out roles in a cooperative group setting and develop relationships with same age peers.

General Intelligence

- ☐ Performance commensurate with similar age peers

Records review indicates that intelligence has been measured to fall into the extremely low range with a full scale IQ of 67. He struggles to understand abstract concepts and relate everyday experiences to concepts from content instruction. Decision making and comprehension are barriers to his learning. He has difficulty remembering much of the instruction in the classroom even with memory skills, repetition and different teaching methodologies. Much of his class work is copied from other students and he uses this throughout the day as a coping skill. Deficits in this area will affect his ability to use the information he is presented with in the classroom to situations he will encounter the rest of his life.

Transition Needs

- ☐ Not an area of concern at this time (Checking this box is not an option when the student is in the 8th Grade or 14 years or older because transition must be addressed for these students)

Check all areas of need as identified by the Admissions and Release Committee (More than one area may be checked.)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Instruction | <input type="checkbox"/> Related services |
| <input type="checkbox"/> Community Experiences | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Daily Living Skills | <input type="checkbox"/> Post School Adult Living Objectives |
| <input type="checkbox"/> Functional Vocational Evaluation | |

7 year old sophomore. This year, due to physical limitations, he had a shortened day. He has been receiving home instruction to keep him on track to graduate. At this point, he has earned enough credits to keep him on track to graduate in 2014. Based on informal interviews, formal assessments, teacher observations and parent interviews, the areas of concern in instruction and Employment.

Instruction: continues to not meet benchmarks in math, reading, and written language. He has severe deficits with comprehension, working memory, vocabulary, basic reading and computation. He needs one on one attention in the classroom to complete all assignments and is off task most of the class time due to his inability to understand much of the content that is presented to him. Deficits in this area will adversely affect his ability to live independently, interact with peers in the community and to follow job related instructions and be successful in real world job situations.

Employment: employment needs include a lack of work experiences and difficulty with skills needed to be successful in a job setting such as self advocacy, behavior and deficits in reading, writing and math. He lacks motivation to complete work assignments, has high absenteeism and has difficulty acting appropriately around same age peers. He needs directions repeated multiple times and his work is often incomplete. Without assistance in job placement and skills, deficits will adversely affect his ability to maintain employment.

Functional Vision/Learning Media Assessment

- ☒ Not an area of concern at this time

JESSAMINE COUNTY SCHOOLS HEALTH SERVICE LOG

Student Name: ilc DOB: 03/22/1996 Medicaid ID#: _____

Professional Name: Donna Spurlock, R.N. Modifier: TD-102 School: West Jessamine High School

Diagnosis Code(s): 1. 250.1

Date Mo/Day/Yr	Time In Out	Billable Minutes	Procedure Code	Progress Notes (Short Description)	Initials Prof/Supv
			<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tolerated well <input type="checkbox"/> Concerns:	
			<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tolerated well <input type="checkbox"/> Concerns:	
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This is to certify that services billed to Medicaid are included in the IEP or Conference Summary and do not exceed units of services specified in the IEP.

Service Provider: _____ Title: _____ Date: _____

Supervising Provider: _____ Title: _____ Date: _____

ICD-9 CODES QUICK REFERENCE – Helpful ICD-9 Code Website - <http://icd9cm.chrisendres.com/index.php?action=alpha>

Abdominal Pain	789.00
Abnormal Gait	781.2
Abrasion	919.0
ADD	314.00
ADHD	314.01
Allergic Reaction – Food, Ingested	693.1
Allergic Reaction – Food, Skin Contact	692.5
Allergic Reaction w/ History of – Peanuts	V15.01
Allergic Reaction w/ History of – Seafood	V15.04
Allergic Reaction/Non-specified	995.3
Anaphylactic Shock due to Eggs –	995.68
Correct Substance Properly Administered	995.61
Anaphylactic Shock due to Peanuts –	995.61
Correct Substance Properly Administered	995.61
Anemia	285.9
Ankle Strain	845.0
Anxiety	300.00
Asthma/RAD	493.90
Athlete's Foot	110.4
Bi-Polar	296.80
Biting the Cheek	528.9
Black Eye	921.0
Bleeding – Fingernail	883.0

Bleeding – Gums	523.8
Bleeding - Mouth	528.9
Blister - Multiple, Skin, Non-Traumatic	709.08
Blood Pressure Reading	V70.0
Body Odor (Bromhidrosis)	705.89
Boil - On Arm, above Wrist	680.3
Bug Bite	919.4
Burn	949.0
Burn - Foot	945.02
Burn – Hand	944.00
Canker Sore	528.2
Carbuncle	680.9
Common Cold	460
Conjunctivitis	372.30
Constipation	564.00
Contact Dermatitis	692.9
Contusion – Ankle	924.21
Contusion – Face	920
Contusion - Multiple	924.8
Contusion (Skin Intact)	924.9
Contusion (Wrist)	923.21
Cough	786.2

Counseling (w/o Complaints or Sickness)	V65.49
Counseling on Health Matters	V65.49
Chapped Skin	709.8
Chicken Pox	052.9
Dandruff	690.18
Diagnostic Deferred	799.9
Diaphoresis	780.8
Diarrhea	787.91
Discomfort: Chest	786.59
Discomfort: Visual	368.13
Dislocation of Elbow	832.0
Dizziness	780.4
Drowsiness	780.093
Dysuria	788.1
Ear Ache	388.70
Ear Wax or Ear Wax Removal	380.4
Eczema	692.9
Edema (Localized, except for lower ex.)	782.3
Eye – Burning Eyelids	368.13
Eye Itch	379.99
Eyes – Redness	379.93
Fainting Spell	780.2

Individualized Health Plan / Emergency Action Plan Epi-pen (side one)

Student Name: _____ Date of Birth: _____
School: _____ School Year: _____

Allergy to: _____
Asthma: _____ Yes _____ No

Signs of an allergic reaction include:

Systems: / Symptoms:

Mouth / itching and swelling of the lips, tongue, or mouth
Throat * / itching and/or a sense of tightness in the throat, hoarseness, hacking cough
Skin / hives, itchy rash, and/or swelling about the face or extremities
Stomach / nausea, abdominal cramps, vomiting, and/or diarrhea
Lung* / shortness of breath, repetitive coughing, and/or wheezing
Heart * / "thread" pulse, "passing out"

***The severity of symptoms can quickly change. All above symptoms can potentially progress to a life threatening situation!**

EpiPen should be: _____ kept with child
_____ kept in classroom with teacher
_____ kept in front office

Do you want your child's epi-pen transported on the bus between home and school? _____ YES _____ NO
(If marked yes, remember it is the parent's responsibility to make sure the epi-pen is sent with the child daily)

Emergency action for an allergic reaction:

****Do not hesitate to administer medication or call for emergency assistance (EMS)**

1. Administer emergency medication*

Medication: _____

Dose: _____

Route: _____

2. Call EMS (911) after epi-pen administration, or if color becomes pale, ashen, or cyanotic (bluish).

3. Call Parent/ guardian or emergency contacts immediately:

Emergency Contact Telephone No. _____ Relationship _____

4. _____

Printed Name of primary care provider, MD, ARNP, or PA Address _____

Telephone No. _____

5. If breathing stops, CPR certified staff should initiate rescue breathing (and CPR if necessary).

6. Identify any other detailed health concern/diagnosis/specific emergency procedure and/or device required:

Nurse completing IHP: _____
Nurse signature _____ Date _____

See back of page for epi-pen demonstration.

Individualized Health Plan / Emergency Action Plan Seizure Monitoring / Diastat *(side one)*

Student: _____ Date of Birth: _____
School: _____ School Year: _____

Characteristics of seizure or potential seizure (aura):

History of seizure duration: (Specify seconds, minutes, etc.)

Medication: _____
Special considerations with Duration or Situation when Diastat should be given:

These situations listed below signify an emergency situation:

- * If any seizure last longer than five (5) minutes, or
- * If there is any continued, progressive respiratory distress, or
- * If another seizure starts right after the first, then do the following:

If symptoms persist after primary care provider recommendations have been followed:

- * Notify parent/guardian
- * Call EMS (9-911) and refer to Enrollment/Emergency Information Form

If breathing stops:

- * Call EMS (9-911) and refer to Enrollment/Emergency Information Form
- * CPR certified school personnel should initiate rescue breathing (and CPR if necessary)
- * Notify parent/guardian

*

Emergency contact name	Telephone number	relationship
Primary physician name	Address	Telephone number

***Special considerations with Duration or Situation when EMS is contacted:**

***Other (Specify):**

Do you want your child's Diastat transported on the bus between home and school? ☐ YES ☐ NO
(If marked yes, remember it is the parent's responsibility to make sure the Diastat is sent with the child daily)

In the event of generalized seizure activity, the following observations and monitoring procedures will be followed by school staff:

- * Ease student to the floor (unless harnessed securely in wheelchair and breathing is not restricted).
- * Remove hazards in the area, such as, sharp or hard objects, to prevent further injury.
- * Loosen tight clothing at the neck.
- * Turn student onto his/her side to allow saliva to drain and to keep airway open.
- * Cushion the student's head with something soft.
- * Monitor student while the seizure runs its course and speak to him/her in calming tones.
- * Following the seizure, allow the student to rest as needed in a quiet supervised area.
- * Following each occurrence, report activity to parent/guardian in writing and by telephone.

Nurse Signature

Date

See back of page for details of Diastat Administration.

JESSAMINE COUNTY SCHOOLS HEALTH SERVICE LOG

Student Name: _____ DOB: 03/22/1996 Medicaid ID#: _____

Professional Name: Donna Spurlock, R.N. Modifier: TD-102 School: West Jessamine High School

Diagnosis Code(s): 1. 250.1

Date Mo/Day/Yr	Time In Out	Billable Minutes	Procedure Code	Progress Notes (Short Description)	Initials Prof/Supv
8/14/13	9 ^A 9 ¹⁵ _A	15	<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input checked="" type="checkbox"/> Other: <u>Glucosemeter</u> <input checked="" type="checkbox"/> Tolerated well <input type="checkbox"/> Concerns: <u>Am Blood sugar - 234</u>	<u>DS</u>
8/14/13	10 ⁵⁰ _A 11 ¹⁵ _A	25	<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input checked="" type="checkbox"/> Other: <u>Glucosemeter</u> <input checked="" type="checkbox"/> Tolerated well <input checked="" type="checkbox"/> Concerns: <u>Felt "shaky". Bld sugar - 60 Gave Peanut Butter + Crackers - Bld sugar - 85</u>	<u>DS</u>
8/14/13	12 ³⁰ _P 12 ⁴⁰ _P	10	<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input checked="" type="checkbox"/> Other: <u>Glucosemeter</u> <input checked="" type="checkbox"/> Tolerated well <input type="checkbox"/> Concerns: <u>Pu lunch Bld sugar - 103</u>	<u>DS</u>
8/14/13	12 ⁵⁰ _P 1 ¹⁵ _{PM}	20	<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input checked="" type="checkbox"/> Other: <u>Insulin adm</u> <input checked="" type="checkbox"/> Tolerated well <input type="checkbox"/> Concerns: <u>Carbs for lunch calculated @ 63 Insulin 6 a adm 50 LVA</u>	<u>DS</u>
			<input type="checkbox"/> Evaluation <input type="checkbox"/> Collateral <input type="checkbox"/> Individual <input type="checkbox"/> Group	<input type="checkbox"/> Bowel Care/Cleaning <input type="checkbox"/> Feeding via G tube <input type="checkbox"/> Feeding- assist <input type="checkbox"/> Monitoring health status <input type="checkbox"/> Giving medication <input type="checkbox"/> Seizure precautions <input type="checkbox"/> Transport/positioning <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tolerated well <input type="checkbox"/> Concerns:	
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This is to certify that services billed to Medicaid are included in the IEP or Conference Summary and do not exceed units of services specified in the IEP.

Service Provider: Patricia Glass, R.N. Title: Dir. Nsg. Services Date: _____

Supervising Provider: _____ Title: _____ Date: _____